

Ancillary Equipment Closure Procedure - DKE Form TVC-1A

HWMU: Storage & Treatment Tanks

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
P-1300	3x2x5	200	45	Centrifugal	Process circulation/transfer			
P-1301	3x2x6	200	60	Centrifugal	Process transfer			
P-1302	3x2x5	200	45	Centrifugal	Process transfer			
P-1302A	3x3	250	100	Air Diaphragm	Portable Transfer pump			
Valves								
	3"			Ball	Process/Transfer line			
	3"			Butterfly	Pump suction/discharge			
	2"			Ball	Process/Transfer line			
	1"			Ball	Process/Transfer line			
	½"			Ball	Reagent Injection Line			
	3"			Gate	Block valve at tanks			
	3"			Ball Check	Process/transfer line			
	3"			Swing Check	Pump discharge			
	2"			Ball Check	Process/Transfer line			
	1"			Ball Check	Process/Transfer line			
	½"			Ball Check	Reagent injection line			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

Ancillary Equipment Closure Procedure - DKE Form TVC-1A

HWMU: Storage & Treatment Tanks

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Flanges								
	3"			Process	Process/transfer line connection			
	2"			Process	Process/transfer line connection			
	1"			Process	Process/transfer line connection			
Pipeline								
	3"				Process/transfer line			
	2"				Process/transfer line			
	1"				Process/transfer line			
Transfer Hose								
	3"			Petroleum	Process transfer			
	2"			Petroleum	Process transfer			
Strainer								
	8x32			Basket	Pump suction			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

ABRS

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ M-3

Diameter (feet): _____ 10

Height (feet): _____ 16

Initial Capacity (gal): _____ 8,808

Primary Service: _____ Acids

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #:	M-4
Diameter (feet):	10
Height (feet):	16
Initial Capacity (gal):	8,808
Primary Service:	Acids
Other Service:	_____
Tank Bottom Design:	Cone / <u>Flat</u> / Dish
	(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ M-5

Diameter (feet): _____ 8

Height (feet): _____ 15

Initial Capacity (gal): _____ 5,261

Primary Service: _____ Acids

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ M-6

Diameter (feet): _____ 9

Height (feet): _____ 6

Initial Capacity (gal): _____ 3,876

Primary Service: _____ Acids

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Acid Bulk Receiving & Storage Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
P-1400	2x2	150	100	Air Diaphragm	Tanks Circulation/transfer pump			
P-1401	2x2	150	100	Air Diaphragm	Tanks Circulation/transfer pump			
Valves								
	3"			Ball	Tanks isolation/block valves			
	3"			Butterfly	Transfer line block valves			
	2"			Ball	Process line block valves			
	2"			Butterfly	Transfer pump discharge block valve			
	3/4"			Ball	Sample point			
	1/2"			Ball	Sample point drain valve			
	3"			Ball Check	Transfer line			
	3"			Swing Check	Transfer line			
	2"			Ball Check	Process line			
	2"			Swing Check	Transfer pump discharge			
Flanges								
	3"				Process transfer line connection			
	2"				Process transfer line connection			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Acid Bulk Receiving & Storage Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pipeline								
	3"				Process transfer line			
	2"				Process transfer line			
Hoses								
	3"			Chemical	Load/unload/transfer			
	2"			Chemical	Load/unload/transfer			
Strainer								
	8x32			Basket	Pump Suction			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

CSUW

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ Container Storage Unit West

Diameter (feet): _____ n/a

Height (feet): _____ n/a

Initial Capacity (gal): _____ n/a

Primary Service: _____ n/a

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A

HWMU: Container Storage Unit West

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
P-1400	2x2	150	100	Air Diaphragm	Transfer pump			
P-1401	2x2	150	100	Air Diaphragm	Transfer pump			
Valves								
	3"			Ball	Tanks isolation/block valves			
	3"			Butterfly	Transfer line block valves			
	2"			Ball	Process line block valves			
	2"			Butterfly	Transfer pump discharge block valvd			
	¾"			Ball	Sample point			
	½"			Ball	Sample point drain valve			
	3"			Ball Check	Transfer line			
	3"			Swing Check	Transfer line			
	2"			Ball Check	Process line			
	2"			Swing Check	Transfer pump discharge			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Container Storage Unit West

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Flanges								
	3"				Process transfer line connection			
	2"				Process transfer line connection			
Pipeline								
	3"				Process transfer line			
	2"				Process transfer line			
Hoses								
	3"			Chemical	Load/unload/transfer			
	2"			Chemical	Load/unload/transfer			
Strainer								
	8x32			Basket	Pump Suction Strainer			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

CSSU

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: DCU-601

Diameter (feet): n/a(est.3')

Height (feet): n/a(est.9')

Initial Capacity (gal): 2,550 GPH

Primary Service: Drum Crusher

Other Service: _____

Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: MX-601
Diameter (feet): n/a
Height (feet): n/a
Initial Capacity (gal): 2 cu. Yd.
Primary Service: Solids Mixer
Other Service: _____
Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ S-600

Diameter (feet): _____ 9

Height (feet): _____ 20

Initial Capacity (gal): _____ 9,512

Primary Service: _____ Reagent Powder

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Consolidation of Solids & Sludges Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
Valves								
Flanges								
Pipeline								
Hoses								
Strainer								

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

BSSU

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS:** Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: Gondola (Railcar) _____
Diameter (feet): n/a _____
Height (feet): n/a _____
Initial Capacity (gal): 100 yd³ _____
Primary Service: Container _____
Other Service: _____
Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

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TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: Portable Hopper

Diameter (feet): n/a

Height (feet): n/a

Initial Capacity (gal): 2 yd³

Primary Service: Container

Other Service: _____

Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:Gallons: _____
Date: _____**Transfer/Disposal Destination:**

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

Chain of Custody:

To: _____

Date: _____

Solids: _____

To: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

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TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ Portable Hopper
Diameter (feet): _____ n/a
Height (feet): _____ n/a
Initial Capacity (gal): _____ 1.5 yd³
Primary Service: _____ Container
Other Service: _____
Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

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TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ Roll-off Bin

Diameter (feet): _____ n/a

Height (feet): _____ n/a

Initial Capacity (gal): _____ 20 yd³

Primary Service: _____ Container

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

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TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #:	Roll-off Bin
Diameter (feet):	n/a
Height (feet):	n/a
Initial Capacity (gal):	30 yd ³
Primary Service:	Container
Other Service:	_____
Tank Bottom Design:	Cone / Flat / Dish (circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ Roll-off Bin

Diameter (feet): _____ n/a

Height (feet): _____ n/a

Initial Capacity (gal): _____ 40 yd³

Primary Service: _____ Container

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Bulk Solids & Sludges Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Roll-off Bins								
	20 yd ³			Container	Bulk Solid			
	30 yd ³			Container	Bulk Solid			
	40 yd ³			Container	Bulk Solid			
Portable Hopper								
	2 yd ³			Container	Bulk Solid			
	1.5 yd ³			Container	Bulk Solid			
Gondola (Railcar)								
	100 yd ³			Container	Bulk Solid			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

RLUU

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: Railcar Loading & Unloading Unit

Diameter (feet): n/a

Height (feet): n/a

Initial Capacity (gal): n/a

Primary Service: n/a

Other Service:

Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A

HWMU: Railcar Loading & Unloading Unit

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
P-1600	4"	300	50	Diesel Gear	Railcar load/unload pump			
P-1601	3x3	250	100	Air Diaphragm	Portable Transfer pump			
Valves								
	3"			Butterfly	P-1600 Suction &			
	3"			Butterfly	Transfer line block valve			
	3"			Ball	Transfer line block valve			
	3"			Swing	Transfer line			
Flanges								
	3"			150#	Transfer line connections			
Hoses								
	3"			Petroleum	Liquid transfer			
Pipeline								
	3"			ASTM A53	Transfer line			
	3"				Transfer line			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

VAPOR RECOVERY

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ C-710
Diameter (feet): _____ 2.3
Height (feet): _____ 8.7
Initial Capacity (gal): _____ 47
Primary Service: _____ Inorganic Scrubber
Other Service: _____
Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ D-706

Diameter (feet): _____ 3

Height (feet): _____ 4

Initial Capacity (gal): _____ 150

Primary Service: _____ Caustic Recirculation/Bleed Drum

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ D-708
Diameter (feet): _____ 3
Height (feet): _____ 4
Initial Capacity (gal): _____ 200
Primary Service: _____ Caustic for C-710
Other Service: _____
Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS:** Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: TOX-700
Diameter (feet): n/a
Height (feet): n/a
Initial Capacity (gal): 1.0 mmbtu/hr.
Primary Service: Thermal Oxidizer
Other Service: _____
Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: C-711

Diameter (feet): 2.3

Height (feet): 8.7

Initial Capacity (gal): 47

Primary Service: Caustic scrubber - Organic System

Other Service: _____

Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ D-707
Diameter (feet): _____
Height (feet): _____
Initial Capacity (gal): _____ 55
Primary Service: _____ Caustic recirculation/Bleed Drum
Other Service: _____
Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: D-709
Diameter (feet): _____
Height (feet): _____
Initial Capacity (gal): 3.5
Primary Service: Caustic Make-up (Reagent) to C-711
Other Service: _____
Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Vapor Recover System (TOX-700, C-711, D-707, D-709)

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
AP-704	¾x½x3			Centrifugal	Caustic Solution Circulation Pump			
AP-705	1x1			Air Diaphragm	Causti bleed pump			
AP-706	1,000 CFM			Centrifugal	Caustic scrubber Exhaust Blower			
AP-707	3/8x3/8			Metering Pump	pH Control - Caustic injection			
AP-708	3,000 CFM			Centrifugal	Thermal Oxidizer air blower			
Valves								
	4"			Butterfly	Process Vent			
	3"			Ball	Process Vent			
	2"			Ball	Process Vent			
Flanges								
	8"				Scrubber inlet			
	4"				Scrubber outlet/TOX inlet			
	3"				Process vent connections			
	2"				Process vent connections			
Pipeline								
	8"			Process	Scrubber inlet			
	4"			Exhaust	Scrubber outlet			
	3"			Process	Process vent			
	2"			Process	Process vent			
	1"			Process	Caustic circulation			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

Ancillary Equipment Closure Procedure - DKE Form TVC-1A
HWMU: Vapor Recovery System (C-710, D-706, D-708)

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
AP-700	¾x½x3	26	15	Centrifugal	Caustic Solution Circulation Pump			
AP-701	1x1	45	100	Air Diaphragm	Causti bleed pump			
AP-702	1,000 CFM			Centrifugal	Caustic scrubber Exhaust Blower			
AP-703	3/8x3/ 8	15 GPD	100	Metering Pump	pH Control - Caustic injection			
Valves								
	4"			Butterfly	Process Vent			
	3"			Ball	Process Vent			
	2"			Ball	Process Vent			
Flanges								
	8"				Scrubber inlet			
	4"				Scrubber outlet			
	3"				Process vent connections			
	2"				Process vent connections			
Pipeline								
	8"			Process	Scrubber inlet			
	4"			Exhaust	Scrubber outlet			
	3"			Process	Process vent			
	2"			Process	Process vent			
	1"			Process	Caustic circulation			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

BULK REAGENT

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #:	T-726
Diameter (feet):	7.5
Height (feet):	9.83
Initial Capacity (gal):	2,700
Primary Service:	Reagent
Other Service:	_____
Tank Bottom Design:	Cone / <u>Flat</u> / Dish
	(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:		Vessel: _____
Liquid Gallons: _____	Chain of Custody:	Facility: _____
To: _____	Date: _____	_____
Solids: _____		_____
To: _____		

Tank/Vessel Interior Sampling/Monitoring:**If Monitoring w/FID:**

Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____
Off-site Facility Name: _____
Manifest/Bill of Lading: _____
Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS:** Complete all sections, print name, sign, and date - submit to Operations Supervisor

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: T-727

Diameter (feet): 7.5

Height (feet): 9.83

Initial Capacity (gal): 2,700

Primary Service: Reagent

Other Service: _____

Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:Gallons: _____
Date: _____**Transfer/Disposal Destination:**Date: _____
Tank #: _____
Vessel: _____
Facility: _____**Waste Volume:**Liquid Gallons: _____
To: _____
Solids: _____
To: _____**Chain of Custody:**

Date: _____

Tank/Vessel Interior Sampling/Monitoring:Date: _____
Time: _____
Lab Name: _____
Analytical Date: _____**If Monitoring w/FID:**Date: _____
Time: _____
Record Readings: _____**Tank/Vessel Release:**Date: _____
Off-site Facility Name: _____
Manifest/Bill of Lading: _____
Shipping Date: _____****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: T-741

Diameter (feet): 7.5

Height (feet): 9.83

Initial Capacity (gal): 2,700

Primary Service: Reagent

Other Service: _____

Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ T-791
Diameter (feet): _____ 10
Height (feet): _____ 10.33
Initial Capacity (gal): _____ 5,000
Primary Service: _____ Reagent
Other Service: _____
Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: T-792
Diameter (feet): 8.5
Height (feet): 10.33
Initial Capacity (gal): 3,750
Primary Service: Reagent
Other Service: _____
Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:Gallons: _____
Date: _____**Transfer/Disposal Destination:**

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #:	T-793
Diameter (feet):	7.5
Height (feet):	8.58
Initial Capacity (gal):	2,560
Primary Service:	Reagent
Other Service:	_____
Tank Bottom Design:	Cone / <u>Flat</u> / Dish (circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:		Vessel: _____
Liquid Gallons: _____	Chain of Custody:	Facility: _____
To: _____	Date: _____	_____
Solids: _____		_____
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____
Off-site Facility Name: _____
Manifest/Bill of Lading: _____
Shipping Date: _____

****Attach Photos**

Ancillary Equipment Closure Procedure - DKE Form TVC-1A

HWMU: Bulk Reagent Tank System

Equipment	Size	Capacity (GPM)	TDH (PSIG)	Type	Description	Decon Complete ? Y or N	Waste Volume (Decon Volume)	Transfer/ Disposal Destination
Pumps								
CP-1100	1x1	45	100	Air Diaphragm	Process Reagent Transfer Pump			
CP-1101	1x1	45	100	Air Diaphragm	Process Reagent Transfer Pump			
CP-1102	1x1	45	100	Air Diaphragm	Process Reagent Transfer Pump			
CP-1103	1½ x1¼ x4	38	26	Centrifugal	Process Reagent Transfer Pump			
Valves								
	3"			Ball	Reagent tanks fill line block valve			
	2"			ball	Reagent tanks outlet block valve			
	1"			ball	Reagent transfer line block valves			
	½"			ball	Reagent transfer pump sample spigot			
Flanges								
	3"				Reagent fill line connection			
	2"				Reagent pumps suction line			
	1"				Reagent pumps discharge & transfer			
Pipeline								
	3"			Chemical transfer	Reagent fill line			
	2"			Process	Reagent pumps suction			
	1"			Process	Reagent transfer			
	½"			Process	Reagent injection			

Ancillary Equipment Interior Sampling/Monitoring:

Start Date: _____

Start Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Start Date: _____

Start Time: _____

Record Readings: _____

Ancillary Equipment Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

SUMPS

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: Sump 5
Diameter (feet): 38.17 x 6.75
Height (feet): n/a
Initial Capacity (gal): 6,579
Primary Service: Non-Haz Wastewater
Other Service: _____
Tank Bottom Design: Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ Sump 10 (PP-010)

Diameter (feet): _____ 6 x 6

Height (feet): _____ n/a

Initial Capacity (gal): _____ 1,885

Primary Service: _____ Wastewater

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:Gallons: _____
Date: _____**Transfer/Disposal Destination:**

Date: _____

Tank #: _____

Vessel: _____

Facility: _____

Waste Volume:

Liquid Gallons: _____

Chain of Custody:

To: _____

Date: _____

Solids: _____

To: _____

Tank/Vessel Interior Sampling/Monitoring:**If Monitoring w/FID:**

Date: _____

Date: _____

Time: _____

Time: _____

Lab Name: _____

Record Readings: _____

Analytical Date: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

CONTAINMENT AREAS

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Employee: _____
(print name) (signature) (date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ Containment Area A

Diameter (feet): _____

Height (feet): _____

Initial Capacity (gal): _____

Primary Service: _____

Other Service: _____

Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:		Vessel: _____
Liquid Gallons: _____	Chain of Custody:	Facility: _____
To: _____	Date: _____	_____
Solids: _____		_____
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ Containment Area B _____
Diameter (feet): _____
Height (feet): _____
Initial Capacity (gal): _____
Primary Service: _____
Other Service: _____
Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:Gallons: _____
Date: _____**Transfer/Disposal Destination:**Date: _____
Tank #: _____
Vessel: _____
Facility: _____**Waste Volume:**Liquid Gallons: _____
To: _____
Solids: _____
To: _____**Chain of Custody:**

Date: _____

Tank/Vessel Interior Sampling/Monitoring:Date: _____
Time: _____
Lab Name: _____
Analytical Date: _____**If Monitoring w/FID:**Date: _____
Time: _____
Record Readings: _____**Tank/Vessel Release:**Date: _____
Off-site Facility Name: _____
Manifest/Bill of Lading: _____
Shipping Date: _____****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ Containment Area C
Diameter (feet): _____
Height (feet): _____
Initial Capacity (gal): _____
Primary Service: _____
Other Service: _____
Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:	Rinsate Volume:	Transfer/Disposal Destination:
Date Emptied: _____	Gallons: _____	Date: _____
	Date: _____	Tank #: _____
Waste Volume:		Vessel: _____
Liquid Gallons: _____	Chain of Custody:	Facility: _____
To: _____	Date: _____	_____
Solids: _____		_____
To: _____		

Tank/Vessel Interior Sampling/Monitoring:	If Monitoring w/FID:
Date: _____	Date: _____
Time: _____	Time: _____
Lab Name: _____	Record Readings: _____
Analytical Date: _____	

Tank/Vessel Release:

Date: _____
Off-site Facility Name: _____
Manifest/Bill of Lading: _____
Shipping Date: _____

****Attach Photos**

TANK/VESSEL CLOSURE PROCEDURE**DKE Form TVC-1****INSTRUCTIONS: Complete all sections, print name, sign, and date - submit to Operations Supervisor**

Supervisor:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)
Employee:	_____	_____	_____
	(print name)	(signature)	(date)

Tank/Vessel Data/Service:

Tank/Vessel #: _____ Containment Area D
Diameter (feet): _____
Height (feet): _____
Initial Capacity (gal): _____
Primary Service: _____
Other Service: _____
Tank Bottom Design: _____ Cone / Flat / Dish
(circle one)

Closure:

Date Emptied: _____

Rinsate Volume:

Gallons: _____

Date: _____

Transfer/Disposal Destination:

Date: _____

Tank #: _____

Waste Volume:

Liquid Gallons: _____

To: _____

Solids: _____

To: _____

Chain of Custody:

Date: _____

Vessel: _____

Facility: _____

Tank/Vessel Interior Sampling/Monitoring:

Date: _____

Time: _____

Lab Name: _____

Analytical Date: _____

If Monitoring w/FID:

Date: _____

Time: _____

Record Readings: _____

Tank/Vessel Release:

Date: _____

Off-site Facility Name: _____

Manifest/Bill of Lading: _____

Shipping Date: _____

****Attach Photos**

Bank of America



BANK OF AMERICA - CONFIDENTIAL

PAGE: 1

DATE: APRIL 27, 2007

AMENDMENT TO IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 3009169

AMENDMENT NUMBER 13

ISSUING BANK
BANK OF AMERICA, N.A.
1000 W. TEMPLE STREET
7TH FLOOR, CA9-705-07-05
LOS ANGELES, CA 90012-1514

BENEFICIARY
DIRECTOR, DEPARTMENT OF TOXIC
SUBSTANCES CONTROL
FINANCIAL RESPONSIBILITY UNIT
8800 CAL CENTER DRIVE

APPLICANT
D/K ENVIRONMENTAL
3650 E. 26TH STREET
LOS ANGELES, CA 90023

SACRAMENTO, CA 95826

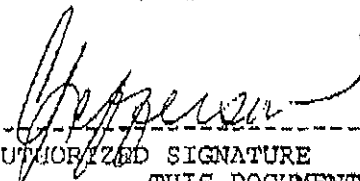
THIS AMENDMENT IS TO BE CONSIDERED AN INTEGRAL PART OF THE ABOVE CREDIT
AND MUST BE ATTACHED THERETO.

THE ABOVE MENTIONED CREDIT IS AMENDED AS FOLLOWS:

THE AMOUNT OF THIS CREDIT HAS BEEN INCREASED BY USD 25,649.00
THE AGGREGATE AMOUNT OF THE CREDIT IS NOW USD 941,684.92

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS
AMENDMENT, PLEASE CALL 213-481-7843.



AUTHORIZED SIGNATURE

THIS DOCUMENT CONSTSTS OF 1 PAGE(S).

CHERYL JEFFERSON

ORIGINAL